

Sample Second Letter to Household

NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY AND POSSIBLE ADVERSE ACTION

WE MUST CHECK YOUR APPLICATION

This letter is a **SECOND NOTICE** of verification. You must send the information we need or contact **[insert name]** by **[insert date]**, or your children will stop receiving free or reduced-price meals.

Children's Names: **[insert names of children]**

Schools: **[insert names of schools]**

[insert date]:

Dear **[insert name of parent/guardian]:**

We are checking your Free and Reduced-price School Meals Application. Federal rules require that we do this to ensure that only eligible children get free or reduced-price meals. You must send us information to prove that the children listed above are eligible.

If you do not send information that proves your child is eligible to receive free or reduce priced meals benefits by **[insert 10 calendar days from the date on the letter]** these meal benefits **will be stopped on this date.**

If possible, send copies, not original papers. If you send originals, they will only be sent back to you if you ask.

1. **If you were receiving benefits from SNAP or TFA when you applied for free or reduced-price meals, or at any time since then,** send us a copy of one of these:
 - The Department of Social Services (DSS) SNAP OR DSS TFA Certification Notice that shows dates of certification.
 - Letter from the DSS office that shows dates of certification.
 - **Do not send your EBT or ConneCT card.**
2. **If the child is a foster child:** Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.
3. **If no one in your household receives SNAP or TFA benefits:** Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received and how often it was received. **Send information to [insert LEA's name and contact information for the verification contact person].**

NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY, continued

4. **Timeframe of Acceptable Income Documentation:** Please submit proof of one month's income. You can use the month prior to application, the month you applied or any month after that. Acceptable papers include:
- **Jobs:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
 - **Social Security, Pensions or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.
 - **Unemployment, Disability or Worker's Comp:** Notice of eligibility from state employment security office, check stub or letter from the worker's compensation office.
 - **Welfare Payments:** Benefit letter from the welfare agency.
 - **Child Support or Alimony:** Court decree, agreement or copies of checks received.
 - **Other Income (such as Rental Income):** Information that shows the amount of income received, how often it is received, and the date received.
 - **No Income:** A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.
 - **Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

If you have questions or need help, please call [insert name] at [insert phone number]. The call is free. [Insert toll free or reverse charge explanation]. You may also e-mail us at [insert e-mail address].

Sincerely,

[insert name, title]

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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For more information, visit the CSDE's [Verification](#) Web page or contact the [school nutrition programs](#) staff in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

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